PTO/SB/22 (12-04)
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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | |
|---|--------------------|--------------------------|------------|
| FY 2005 | | 0630-1029P | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | Filed Day 1 00 1000 | |
| Application Number 09/474,121-Conf. #001895 | | Filed December 29, 1999 | |
| For ELEVATOR SYSTEM WITHOUT MACHINE ROOM | | | |
| Art Unit 3652 | | Examiner | T. V. Tran |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | Small Entity Fee | |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | <u> </u> |
| X Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ 450.00 |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| X A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 I have enclosed a duplicate copy of this sheet. | | | |
| | | , | |
| I am theapplicant/inventor | | | |
| | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| attorney or agent of record. Re | egistration Number | r | |
| attorney or agent under 37 CF | R 1.34. | | |
| Registration number if acting un | der 37 CFR 1.34 | 39,538 | · |
| James 1. Eller, In | | July 2 | 5, 2005 |
| Signature // | | Date | |
| James T. Eller, Jr. | | (703) 205-8000 | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of 1 forms are submitt | ed. | | |

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